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Application or Docket Number

Substitute for Form PTO-875

Application or Booklet Number
101510908

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR		NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))			
TOTAL CLAIMS (37 CFR 1.16(c))		30 minus 20 =	10
INDEPENDENT CLAIMS (37 CFR 1.16(b))		1 minus 3 =	-
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			
* If the difference in column 1 is less than zero, enter "0" in column 2.			

RATE	FEE
	\$
x \$	=
x \$	=
+ \$	=
TOTAL	

RATE	FEE
	\$900
x \$50	= 500
x \$	=
+ \$	=
TOTAL	1400

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED – PART II

12-10-5 (Column 1) (Column 2) (Column 3)

SMALL ENTITY

OF

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
	Total (37 CFR 1.16(c))	30	Minus	30	=	—					
	Independent (37 CFR 1.16(b))	1	Minus	3	=	—					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))										

	RATE	ADDITIONAL FEE
X \$	=	
X \$	=	
+ \$	=	
TOTAL ADD'L FEE		

	RATE	ADDITIONAL FEE
X \$	=	
X \$	=	
+ \$	=	
TOTAL ADD'L FEE		

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	Minus	**	=
	Independent (37 CFR 1.16(b))	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
\$ _____ =	
\$ _____ =	
\$ _____ =	
TOTAL ADD'L FEE	

	RATE	'ADDI TIONAL' FEE
OR	X \$ _____ =	
OR	X \$ _____ =	
OR	+ \$ _____ =	
OR	TOTAL	ADD'L FEE

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	** =
Independent (37 CFR 1.16(b))	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL ADD'L FEE	

	RATE	ADDITIONAL FEE
QR	X \$ _____ =	
QR	X \$ _____ =	
GR	+ \$ _____ =	
GR	TOTAL	
GR	ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by: 37 CFR 1.116. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application for a benefit, is governed by 35 U.S.C. 122 and 37 CFR 1.114. This code form is estimated to take 12 minutes to complete, including gathering, preparing, and submitting this completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to: E.O. Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. If you are unable to complete this form, please call 1-800-451-7237. A4CPRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.